



Continuing Education Learning Activity Report

State Board for the Certification of Librarians
Kentucky Department for Libraries and Archives

INSTRUCTIONS:

- ☐ Complete this form after each continuing education activity.
- ☐ Attach documentation that verifies your attendance.
- ☐ Keep copies for your records.
- ☐ Each year, submit to your Regional Librarian with the *Annual Summation of Learning Activities*.
- ☐ Do not submit this form to the State Certification Board when renewing your certification.

I hereby certify that information provided below, including attachments, are true and correct to the best of my knowledge.

Signature of Participant

Date

Name: _____
Last First Middle

Library Where Currently Employed: _____

Address City State Zip County

Date of Activity (m/d/y)	
Topic/Title	
Presenter	
Sponsor	
Location	
Total CRP's Awarded	

Give a brief description of activity as it relates to your present position and/or career advancement:
